

## **Example SBA Economic Emergency Disaster Loan and Advance Application**

In addition to Paycheck Protection Program (PPP) Loans, the CARES Act also funded a program through an existing Small Business Administration (SBA) program for Economic Injury Disaster Loans (EIDL) where applicants for EIDL Loans, limited to small businesses harmed by COVID-19 or the related social distancing measures, are able to get an advance grant of up to \$10,000. Currently the SBA is providing \$1,000 per employee as of 1/31/20 up to a maximum of \$10,000.

This advance does not need to be repaid, even if the SBA does not approve your request for an EIDL Loan. Applicants can apply for PPP Loans, EIDL Loans, State and Enhanced Unemployment Insurance (UI) benefits, as well as other SBA programs such as temporary loan forgiveness, physical disaster loans, and other funding provided the business or individual meets the eligibility criteria for each program.

EIDL Loans are based on the amount of “Economic Injury” sustained by the business, and capped at \$2,000,000. The loans are directly from the SBA, have an interest rate of 3.75% for businesses, 2.75% for non-profits, and a term of up to 30 years. The SBA collects your information from your application, and likely from supporting documentation that they may/will request at a later date and determines the amount of Economic Injury sustained by your small business.

Per certain reports, you likely will have fewer updates on the progress of your EIDL application and the associated grant than you will have regarding a PPP loan. PPP loans are issued by your bank based on prior year payroll information and guaranteed by the SBA, where as EIDL Loans are issued directly from the SBA and based on your current economic injury, the full extent of which is likely not yet known.

At this time, the application for EIDL Loans and Advance Grants is relatively straightforward and accessible through, if you have the appropriate information readily available it will likely take less than a half hour to enter it:

<https://covid19relief.sba.gov/#/>

If you are using this program to seek financing beyond the Advance Grant, this application is the beginning of the process to obtain an EIDL Loan. In my personal opinion, the EIDL forms presented do not allow the SBA to determine the amount of Economic Injury sustained, just enough information to establish a high-level baseline for how your business fared before 1/31/20. If you are seeking this financing, it will be important over the coming months to keep detailed records (accounting records and summaries) of the ways your business suffered increased costs, decreased productivity, decreased revenue and other economic damages as a result of COVID-19 or social distancing measures. These records will be how you present your Economic Injury to the SBA. The ultimate amount of EIDL Loan is determined by the SBA.

# Disaster Loan Assistance

Federal Disaster Loans for Businesses, Private Non-profits, Homeowners and Renters

## COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION

This rectangle indicates the page of the SBA application. The RED notes in this document will not appear on the SBA website.



### STREAMLINED PROCESS REQUIREMENTS

SBA is collecting the requested information in order to make a loan under SBA's Economic Injury Disaster Loan Program to the qualified entities listed in this application that are impacted by the Coronavirus (COVID-19). The information will be used in determining whether the applicant is eligible for an economic injury loan. If you do not submit all the information requested, your loan cannot be fully processed.

The Applicant understands that the SBA is relying upon the self-certifications contained in this application to verify that the Applicant is an eligible entity to receive the advance, and that the Applicant is providing this self-certification under penalty of perjury pursuant to 28 U.S.C. 1746 for verification purposes.

The estimated time for completing this entire application is two hours and ten minutes, although you may not need to complete all parts. You are not required to respond to this collection of information unless it displays a currently valid OMB approval number.

### ELIGIBLE ENTITY VERIFICATION

#### Choose One:

- ☒ Applicant is a business with not more than 500 employees.
- ☐ Applicant is an individual who operates under a sole proprietorship, with or without employees, or as an independent contractor.
- ☐ Applicant is a cooperative with not more than 500 employees.
- ☐ Applicant is an Employee Stock Ownership Plan (ESOP), as defined in 15 U.S.C. 632, with not more than 500 employees.
- ☐ Applicant is a tribal small business concern, as described in 15 U.S.C. 657a(b)(2)(C), with not more than 500 employees.
- ☐ Applicant is a business, including an agricultural cooperative, aquaculture enterprise, nursery, or producer cooperative, that is small under SBA Size Standards found at <https://www.sba.gov/size-standards> (<https://www.sba.gov/size-standards>).
- ☐ Applicant is a business with more than 500 employees that is small under SBA Size Standards found at <https://www.sba.gov/size-standards> (<https://www.sba.gov/size-standards>).
- ☐ Applicant is a private non-profit organization that is a non-governmental agency or entity that currently has an effective ruling letter from the IRS granting tax exemption under sections 501(c),(d), or (e) of the Internal Revenue Code of 1954, or satisfactory evidence from the State that the non-revenue producing organization or entity is a non-profit one organized or doing business under State law, or a faith-based organization.

#### Review and Check All of the Following:

Applicant must review and check all the following (If Applicant is unable to check all of the following, Applicant is not an Eligible Entity):

- ☒ Applicant is not engaged in any illegal activity (as defined by Federal guidelines).
- ☒ No principal of the Applicant with a 50 percent or greater ownership interest is more than sixty (60) days delinquent on child support obligations.
- ☒ Applicant is not an agricultural enterprise (e.g., farm), other than an aquaculture enterprise, agricultural cooperative, or nursery.
- ☒ Applicant does not present live performances of a prurient sexual nature or derive directly or indirectly more than de minimis gross revenue through the sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature.



Applicant does not derive more than one-third of gross annual revenue from legal gambling activities.



Applicant is not in the business of lobbying.



Applicant cannot be a state, local, or municipal government entity and cannot be a member of Congress.

If you have questions about this application or problems providing the required information, please contact our Customer Service Center at 1-800-659-2955 or (TTY: 1-800-877-8339) [DisasterCustomerService@sba.gov](mailto:DisasterCustomerService@sba.gov).

Continue >

SBA Office of Disaster Assistance | 1-800-659-2955 | 409 3rd St, SW, Washington, DC 20416

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Check-boxes completed in this example application are highlighted by filling out the selected box, and drawing a RED rectangle around the selection. All of these check-boxes are necessary to process the application. The selections were made as if this business was a for-profit S-corporation. Depending on your circumstances, your selections may differ from the selections in this example.

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## COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION



DISCLOSURES



BUSINESS INFORMATION



BUSINESS OWNERS INFORMATION



ADDITIONAL INFORMATION



SUMMARY

Step 1 of 3

### Business Information

Business Legal Name \*

VT BUSINESS

Trade Name \*

VT BUSINESS

EIN/SSN for Sole Proprietorship \*

123456789

Organization Type\*

S-Corporation

Is the Applicant a Non-Profit Organization? \*

☐ Yes ☒ No

Is the Applicant a Franchise? \*

☐ Yes ☒ No

Gross Revenues for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020) \*

\$800,000

Cost of Goods Sold for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020) \*

\$480,000

Rental Properties (Residential and Commercial) Only - Lost Rents Due to the Disaster

Non-Profit Cost of Operation for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)

Combined Annual Operating Expenses for the Twelve(12) Months Prior to the Date of the Disaster (January 31, 2020) for All Secular Social Services Provided by the Faith Based Entity

List the Secular Social Services Provided by the Faith Based Entity

Compensation From Other Sources Received as a Result of the Disaster

The highlighted fields are the ones that will apply to most businesses, or are required to complete this form. Please read all of the fields, as some may apply to your business. Additional information is requested from Rental Property operators, non-profits, faith based organizations, and anyone who received other disaster compensation such as insurance settlements.

**Provide Brief Description of Other Compensation Sources**

**Primary Business Address (Cannot be P.O. Box) \***

11 MAIN STREET

**City \***

BARRE

**State \***

Vermont

**County**

WASHINGTON

**Zip \***

05641

**Business Phone \***

(802)-000-0000

**Alternative Business Phone**

**Business Fax**

**Business Email \***

OWNER@VTBUSINESS.COM

**Date Business Established \***

01/01/2018

**Current Ownership Since \***

01/01/2018

**Business Activity \***

Personal Services

**Detailed Business Activity\***

None of the below

**Number of Employees (As of January 31, 2020) \***

6

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For this program, the SBA measures the number of employees as the total number of individuals on payroll, regardless of hours worked. A number of CARES Act programs use other measures of headcount, so the number of employees you report may vary.

SBA Office of Disaster Assistance | 1-800-659-2955 | 409 3rd St, SW, Washington, DC 20416  
[Privacy Policy \(https://www.sba.gov/about-sba/open-government/about-sbagov-website/privacy-policy\)](https://www.sba.gov/about-sba/open-government/about-sbagov-website/privacy-policy)

# Disaster Loan Assistance

Federal Disaster Loans for Businesses, Private Non-profits, Homeowners and Renters

## COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION



DISCLOSURES



BUSINESS INFORMATION



BUSINESS OWNERS INFORMATION



ADDITIONAL INFORMATION



SUMMARY

Step 2 of 3

### Business Owners Information

Is Your Business Owned by a Business Entity? \*

☐ Yes ☒ No

### Individual Owner/Agent(s)

#### Owner/Agent 1

First Name \*

CHRISTINE

Last Name \*

COOWNER

Mobile Phone \*

(802)-000-0000

Title / Office \*

CEO

Ownership Percent \*

60

Email \*

OWNER@VTBUSINESS.COM

SSN \*

008-00-0000

Birth Date \*

01/01/1970

Place Of Birth \*

BARRE, VT

U.S. Citizen \*

☒ Yes ☐ No

Residential Street Address \*

15 MAIN STREET

City \*

WASHINGTON

State \*

Vermont

Zip \*

05675

**Owner/Agent 2** ^

First Name \*

DAVID

Last Name \*

COOWNER

Mobile Phone \*

(802)-000-0000

Title / Office \*

CFO

Ownership Percent \*

40

Email \*

COOWNER@VTBUSINESS.COM

SSN \*

009-00-0000

Birth Date \*

01/01/1975

Place Of Birth \*

BARRE, VT

U.S. Citizen \*

☒ Yes ☐ No

Residential Street Address \*

7 MAIN STREET

City \*

CALAIS


State \*

Vermont

Zip \*

05648

✕ Remove Owner



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If your business is owned by more than one person, you can use this button to add fields for additional owners.

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DISCLOSURES



BUSINESS INFORMATION



BUSINESS OWNERS INFORMATION



ADDITIONAL INFORMATION



SUMMARY

Step 3 of 3

### Additional Information

In the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction?

☐ Yes ☒ No

Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans?

☐ Yes ☒ No

a. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?

☐ Yes ☒ No

b. Have you been arrested in the past six months for any criminal offense?

c. For any criminal offense - other than a minor vehicle violation - have you ever been convicted, plead guilty, plead nolo contendere, been placed on pretrial diversion, or been placed on any form of parole or probation (including probation before judgment)?

If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must enter their information below.

Individual Name

Name of Company

Phone Number

Street Address, City, State, Zip

Fee Charged or Agreed Upon

I give permission for SBA to discuss any portion of this application with the representative listed above.

☐ Yes ☐ No

You must click this box to receive the EIDL Advance (which does not need to be repaid even if you are not approved for the loan). The current guidance is that the maximum advance is \$10,000, but the loans may be limited to \$1,000 per employee as of 1/31/20.

☒ I would like to be considered for an advance of up to \$10,000.



## Where to Send Funds

Bank Name \*

VERMONT BANK

Account Number \*

000000000

Routing Number \*

000000000

On behalf of the individual owners identified in this application and for the business applying for the loan:

I/We authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application and for the SBA to obtain credit information about the individuals completing this application.

If my/our loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds. I/We hereby authorize the SBA to verify my/our past and present employment information and salary history as needed to process and service a disaster loan.

I/We authorize SBA, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my/our SBA application, evaluating eligibility for additional assistance, or notifying me of the availability of such assistance.

I/We will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.

I/We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/We have not paid anyone connected with the Federal government for help in getting this loan.

CERTIFICATION AS TO TRUTHFUL INFORMATION: By signing this application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge, and that you will submit truthful information in the future.

WARNING: Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. 645, 18 U.S.C. 1001, 18 U.S.C. 1014, 18 U.S.C. 1040, 18 U.S.C. 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

☒ I hereby certify UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES that the above is true and correct.

[Click for additional statements required by laws and executive orders](#)

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SUMMARY

### Summary

#### Business Information



Edit

Business Legal Name

**VT BUSINESS**

Trade Name

**VT BUSINESS**

EIN/SSN for Sole Proprietorship

**123456789**

Organization Type

**S-Corporation**

Is the Applicant a Non-Profit Organization?

**No**

Is the Applicant a Franchise?

**No**

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**\$800,000.00**

Cost of Goods Sold for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)

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Provide Brief Description of Other Compensation Sources

Primary Business Address (Cannot Be P.O. Box)

**11 MAIN STREET**

City

**BARRE**

State

**Vermont**

County

**WASHINGTON**

ZIP

**05641**

Business Phone

**(802)-000-0000**

Alternative Business Phone

Business Fax
Business Email <b>OWNER@VTBUSINESS.COM</b>
Date Business Established <b>01/01/2018</b>
Current Ownership Since <b>01/01/2018</b>
Business Activity <b>Personal Services</b>
Business Sub Activity <b>None of the below</b>
Number of Employees (As of January 31, 2020) <b>6</b>

## Business Owners Information



Edit

### Owner/Agent 1

First Name  
**CHRISTINE**

Last Name  
**COOWNER**

Mobile Phone  
**(802)-000-0000**

Title / Office  
**CEO**

Email  
**OWNER@VTBUSINESS.COM**

Ownership Percent  
**60%**

SSN  
**008-00-0000**

Birth Date  
**01/01/1970**

Place Of Birth  
**BARRE, VT**

U.S. Citizen  
**Yes**

Residential Street Address  
**15 MAIN STREET**

City  
**WASHINGTON**

State  
**Vermont**

Zip  
**05675**

### Owner/Agent 2

First Name  
**DAVID**

Last Name  
**COOWNER**

Mobile Phone  
**(802)-000-0000**

Title / Office  
**CFO**

Email  
**COOWNER@VTBUSINESS.COM**

Ownership Percent  
**40%**

SSN  
**009-00-0000**

Birth Date	01/01/1975
Place Of Birth	BARRE, VT
U.S. Citizen	Yes
Residential Street Address	7 MAIN STREET
City	CALAIS
State	Vermont
Zip	05648

### Additional Information



Edit

In the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction?

No

Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans?

No

a. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? b. Have you been arrested in the past six months for any criminal offense? c. For any criminal offense - other than a minor vehicle violation - have you ever been convicted, plead guilty, plead nolo contendere, been placed on pretrial diversion, or been placed on any form of parole or probation (including probation before judgment)?

No

Individual Name

Name of Company

Phone Number

Street Address, City, State, Zip

Fee Charged or Agreed Upon

I give permission for SBA to discuss any portion of this application with the representative listed above.



I'm not a robot

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✓ Submit